

<i>SERFF Tracking Number:</i>	<i>MEAD-125328843</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026579</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-WC-10/07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Star-AR-WC-10/07</i>		
<i>Project Name/Number:</i>	<i>Star-AR-WC-10/07/Star-AR-WC-10/07</i>		

## Filing at a Glance

Company: Star Insurance Company

Product Name: Star-AR-WC-10/07

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: MEAD-125328843 State: Arkansas

SERFF Status: Closed

Co Tr Num: STAR-AR-WC-10/07

Co Status:

Author: Louis Sugarman

Date Submitted: 10/26/2007

State Tr Num: AR-PC-07-026579

State Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 10/29/2007

Disposition Status: Approved

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

## General Information

Project Name: Star-AR-WC-10/07

Project Number: Star-AR-WC-10/07

Reference Organization: NCCI

Reference Title: AR Voluntary Advisory Loss Costs and Rating Values

Filing Status Changed: 10/29/2007

State Status Changed: 10/29/2007

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir or Madam:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: AR-2007-10

Advisory Org. Circular: AR-2007-10

Deemer Date:

Star Insurance Company (Star) is authorized to write Workers Compensation insurance in your state, and Star is a member of the National Council on Compensation Insurance (NCCI). We hereby file to adopt NCCI's AR-2007-10 01/01/08 Arkansas Workers Compensation loss costs, this adoption to be effective 01/01/08. These loss costs will be used in combination with our already filed workers compensation Loss Cost Multiplier's (LCM's) to establish rates as shown on the enclosed rate pages. Besides adopting these loss costs, we make several edits to footnotes and miscellaneous values pages to conform to the NCCI advisory values.

We emphasize that we are not changing (a) any of our LCM's, (b) our minimum premium formula, or (c) our premium

SERFF Tracking Number:	MEAD-125328843	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Star-AR-WC-10/07		
Project Name/Number:	Star-AR-WC-10/07/Star-AR-WC-10/07		

discount schedule with this filing. Enclosed please find transmittal documents in support of this filing. Our filing fee was sent by U.S. mail on about 10/24/07 under separate cover.

Thank you for your consideration,

Louis Sugarman  
 Senior Compliance Analyst  
 Star Insurance Company  
 248-204-8228

## Company and Contact

### Filing Contact Information

Louis Sugarman, Sr. Compliance Analyst	lsugarman@meadowbrook.om
26255 American Drive	(248) 204-8228 [Phone]
Southfield, MI 48034	(248) 358-1614[FAX]

### Filing Company Information

Star Insurance Company	CoCode: 18023	State of Domicile: Michigan
26255 American Drive	Group Code: 748	Company Type: property and casualty
Southfield, MI 48034	Group Name: Meadowbrook	State ID Number:
(248) 358-1100 ext. [Phone]	FEIN Number: 38-2626205	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Reference adoption of NCCI loss costs but with no changes to loss cost multipliers.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
059261	\$50.00	10/24/2007

<i>SERFF Tracking Number:</i>	<i>MEAD-125328843</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026579</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-WC-10/07</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Star-AR-WC-10/07</i>		
<i>Project Name/Number:</i>	<i>Star-AR-WC-10/07/Star-AR-WC-10/07</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	10/29/2007	10/29/2007

*SERFF Tracking Number: MEAD-125328843*

*State: Arkansas*

*Filing Company: Star Insurance Company*

*State Tracking Number: AR-PC-07-026579*

*Company Tracking Number: STAR-AR-WC-10/07*

*TOI: 16.0 Workers Compensation*

*Sub-TOI: 16.0004 Standard WC*

*Product Name: Star-AR-WC-10/07*

*Project Name/Number: Star-AR-WC-10/07/Star-AR-WC-10/07*

## **Disposition**

Disposition Date: 10/29/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MEAD-125328843	State:	Arkansas
Filing Company:	Star Insurance Company	State Tracking Number:	AR-PC-07-026579
Company Tracking Number:	STAR-AR-WC-10/07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Star-AR-WC-10/07		
Project Name/Number:	Star-AR-WC-10/07/Star-AR-WC-10/07		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Rate Rule Filing Schedule	Approved	Yes
Rate	Old Manual Pgs 1-3	Approved	Yes
Rate	New Manual Pgs 1-3	Approved	Yes
Rate	Old Manual Pgs 4-7	Approved	Yes
Rate	New Manual Pgs 4-7	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>MEAD-125328843</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Star Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026579</i>
<i>Company Tracking Number:</i>	<i>STAR-AR-WC-10/07</i>		
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<i>Product Name:</i>	<i>Star-AR-WC-10/07</i>		
<i>Project Name/Number:</i>	<i>Star-AR-WC-10/07/Star-AR-WC-10/07</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	MEAD-125328843	State:	Arkansas
Filing Company:	Star Insurance Company	State Tracking Number:	AR-PC-07-026579
Company Tracking Number:	STAR-AR-WC-10/07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Star-AR-WC-10/07		
Project Name/Number:	Star-AR-WC-10/07/Star-AR-WC-10/07		

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Rate Rule Filing Schedule	NAIC	New	Star-AR-WC-1007 Rate Rule Filing Schedule.pdf
Approved	Old Manual Pgs 1-3	AR WC-Rates 09-07 Pgs 1-3	Withdrawn	Approved 07/05/07 Star-AR-WC-1007 Old Manual Pgs 1-3.pdf
Approved	New Manual Pgs 1-3	AR WC-Rates 01-08 Pgs 1-3	New	Star-AR-WC-1007 New Manual Pgs 1-3.pdf
Approved	Old Manual Pgs 4-7	AR WC-Rates 09-07 Pgs 4-7	Withdrawn	Approved 07/05/07 Star-AR-WC-1007 Old Manual Pgs 4-7.pdf
Approved	New Manual Pgs 4-7	AR WC-Rates 01-08 Pgs 4-7	New	Star-AR-WC-1007 New Manual Pgs 4-7.pdf

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	Star-AR-Generic-WC-10/07-R&R
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

☒ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Star Insurance Company	N/A	2.4%	3,669	65	152,856	Varies by WC Class	Varies by WC Class

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

**Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	AR-WC Rates 09-07	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	Approved by Carol Stiffler via e-mail 07/05/07.
02	AR-WC Rates 01-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



Effective September 1, 2007

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	4.89	750	2003	2.85	627	2701	7.88	750	3223	3.34	702
<b>0008</b>	<b>3.27</b>	<b>690</b>	2014	5.40	750	2702X	27.19	750	3224	2.70	605
0016	6.23	750	2016	2.45	568	2710	8.44	750	3227	1.78	467
0034	4.20	750	2021	3.36	704	2714	5.12	750	3240	3.42	712
0035	2.50	574	2039	4.66	750	2719X	10.98	750	3241	2.99	649
0036	4.12	750	2041	4.06	750	2731	3.74	750	3255	2.67	601
0037	4.42	750	2065	1.23	384	2735	3.05	658	3257	2.76	614
0042	7.24	750	2070	5.10	750	2759	7.62	750	3270	4.50	750
0050	5.46	750	2081	4.39	750	2790	1.43	415	3300	3.74	750
0059D	0.29	244	2089	2.77	616	2802	6.61	750	3303	3.71	750
0065D	0.06	209	2095	3.27	691	2812	4.45	750	3307	3.61	741
0066D	0.06	209	2105	2.53	579	2835	1.71	456	3315	2.69	603
0067D	0.06	209	2110	2.31	546	2836	2.42	564	3334	2.53	579
0079	3.21	682	2111	2.07	511	2841	4.22	750	3336	2.48	572
0083	8.51	750	2112	2.60	590	2881	2.32	548	3365	9.81	750
0106	14.28	750	2114	3.17	675	2883	4.41	750	3372	2.79	618
0113	4.79	750	2121	2.00	500	2913	3.08	662	3373	3.43	715
0170	2.63	594	2130	2.95	642	2915	3.93	750	3383	0.99	349
0251	5.37	750	2131	1.81	472	2916	2.48	572	3385	0.91	336
0400	8.57	750	2143	2.22	533	2923	2.09	513	3400	2.64	596
0401	12.41	750	2156	3.83	750	2942	2.48	572	3507	2.98	647
0771N	0.32	248	2157	3.83	750	2960	3.05	658	3515	2.41	561
0908P	128.48	750	2172	2.15	522	3004	2.61	592	3548	1.26	388
0913P	340.18	750	2174	2.85	627	3018	3.14	671	3559	2.22	533
0917	3.80	750	2211	5.31	750	3022	3.39	708	3574	1.21	382
1005Z	9.56	750	2220	2.04	507	3027	3.04	656	3581	1.24	386
1016Z	34.08	750	2286	1.50	426	3028	3.23	684	3612	2.26	539
1164E	7.18	750	2288		750	3030	4.25	750	3620	6.13	750
1165E	6.99	750	2300	2.18	526	3040	4.20	750	3629	1.94	491
1320	2.89	634	2302	1.91	487	3041	3.64	745	3632	3.15	673
1322	11.83	750	2305	2.50	574	3042	3.33	699	3634	1.94	491
1430	5.34	750	2361	1.39	408	3064	4.70	750	3635	1.81	472
1438	2.74	612	2362	1.85	478	3069	6.85	750	3638	1.62	443
1452	1.87	480	2380	6.32	750	3076	2.83	625	3642	0.95	342
1463	11.55	750	2386	1.21	382	3081D	2.60	590	3643	3.04	656
1472	3.50	726	2388	1.96	493	3082D	4.10	750	3647	3.29	693
1624E	7.71	750	2402	2.34	550	3085D	3.02	653	3648	2.18	526
1642	3.84	750	2413	1.87	480	3110	3.08	662	3681	1.45	417
1654	8.23	750	2416	1.94	491	3111	3.08	662	3685	1.90	485
1655	4.63	750	2417	1.78	467	3113	2.22	533	3719	3.45	717
1699	2.13	520	<b>2501</b>	<b>1.69</b>	<b>454</b>	3114	2.61	592	3724	6.77	750
1701	3.55	732	2503	1.37	406	3118	1.46	419	3726	3.56	734
1710E	6.66	750	2534	2.42	564	3119	1.10	364	3803	1.85	478
1741E	1.78	467	2570	4.91	750	3122	1.17	375	3807	1.62	443
1745X	2.89	634	2585	2.70	605	3126	1.99	498	3808	2.79	618
1747	2.44	566	2586	1.02	353	3131	0.92	338	3821	4.28	750
1748	5.81	750	2587	2.22	533	3132	2.10	515	3822	2.79	618
1803D	5.52	750	2589	1.64	445	3145	1.96	493	3824	4.92	750
1852D	2.23	535	2600	4.98	750	3146	2.64	596	3826	1.05	358
1853	2.67	601	2623	2.57	585	3169	2.69	603	3827	1.21	382
1860	1.55	432	2651	2.29	544	3175D	2.91	636	3830	1.17	375
1924	3.27	691	2660	1.59	439	3179	2.42	564	3851	2.96	645
1925	2.72	607	2670	2.39	559	3180	2.18	526	3865	1.31	397
2001	2.45	568	2683	2.07	511	3188	1.45	417	3881	3.85	750
2002	3.39	708	2688	2.95	642	3220	2.06	509	4000	7.53	750

Effective September 1, 2007

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4021	4.61	750	4611	0.96	345	5491	2.20	531	7024M	6.13	750
4024E	1.72	458	4635	3.96	750	5506	4.50	750	7038M	6.53	750
4034	7.01	750	4653	1.37	406	5507	5.93	750	7046M	29.52	750
4036	2.67	601	4665	6.92	750	5508D	7.53	750	7047M	9.93	750
4038	2.18	526	4670	4.41	750	5535	6.85	750	7050M	11.74	750
4053	3.30	695	4683	4.79	750	5537	5.68	750	7090M	7.26	750
4061	4.39	750	4686	1.17	375	5551	14.85	750	7098M	32.81	750
4062	3.20	680	4692	0.38	257	5606	2.00	500	7099M	53.09	750
4101	2.03	504	4693	0.89	334	5610	7.10	750	7133	3.53	730
4111	2.39	559	4703	2.34	550	5645	11.78	750	7151M	4.29	750
4112	0.98	347	4717	2.50	574	5651	9.59	750	7152M	7.72	750
4113	1.72	458	4720	4.13	750	5703	105.03	750	7153M	4.77	750
4114	2.45	568	4740	1.52	428	5705	5.14	750	7222	10.07	750
4130	5.71	750	4741	1.83	474	5951	0.38	257	7228X	7.88	750
4131	2.77	616	4751	1.94	491	6003	10.51	750	7229X	7.83	750
4133	2.63	594	4771N	1.81	472	6005	6.96	750	7230	3.87	750
4150	1.34	401	4777	1.75	463	6017	4.34	750	7231	8.63	750
4206	4.03	750	4825	0.77	316	6018	2.19	529	7232	14.25	750
4207	1.17	375	4828	1.46	419	6045	2.98	647	7309F	27.94	750
4239	1.34	401	4829	1.58	437	6204	9.78	750	7313F	6.45	750
4240	2.98	647	4902	1.75	463	6206	7.58	750	7317F	10.40	750
4243	1.46	419	4923	1.15	373	6213	11.81	750	7327F	22.79	750
4244	2.41	561	5020	5.80	750	6214	2.80	620	7333M	7.49	750
4250	1.50	426	5022	6.39	750	6216	5.31	750	7335M	8.32	750
4251	1.69	454	5037	17.56	750	6217	4.95	750	7337M	13.46	750
4263	2.44	566	5040	20.24	750	6229	4.15	750	7350F	24.57	750
4273	1.65	447	5057	16.54	750	6233	7.65	750	7360	6.02	750
4279	1.78	467	5059	23.32	750	6235	11.40	750	7370	5.24	750
4282	2.19	529	5069	22.34	750	6236	13.05	750	<b>7380X</b>	<b>4.64</b>	<b>750</b>
4283	2.38	557	5102	4.32	750	6237	3.65	748	7382	2.88	631
4299	1.53	430	5146	5.14	750	6251D	7.78	750	7390	3.62	743
4304	2.86	629	5160	4.39	750	6252D	7.04	750	7394M	14.70	750
4307	2.77	616	5183	3.30	695	6260D	5.31	750	7395M	16.34	750
4351	1.11	366	5188	5.49	750	6306	5.59	750	7398M	26.44	750
4352	1.05	358	5190	3.23	684	6319	5.56	750	7403X	2.92	638
4360	0.82	323	5191X	1.84	476	6325	5.18	750	7405N	1.53	430
4361	1.39	408	5192	4.07	750	6400	7.04	750	7420XZ	21.49	750
4362	1.08	362	5213	7.81	750	6504	2.48	572	7421	2.29	544
4410	2.98	647	5215	4.07	750	6702MZ	7.42	750	7422	2.44	566
4420	3.53	730	5221	4.15	750	6703MZ	13.33	750	7423X	2.92	638
4431	1.52	428	5222	10.19	750	6704MZ	8.23	750	7425	3.46	719
4432	1.64	445	5223	5.61	750	6801F	14.72	750	7431N	1.93	489
4439	1.90	485	5348	3.88	750	6811	5.56	750	7445N	0.83	325
4452	3.50	726	5402	5.11	750	6824F	25.42	750	7453N	1.04	355
4459	2.13	520	5403	10.45	750	6826F	12.23	750	7502	3.02	653
4470	2.31	546	5437	4.77	750	6834	4.34	750	7515	1.10	364
4484	2.39	559	5443	3.78	750	6836	9.58	750	7520	3.10	664
4493	2.85	627	5445	4.83	750	6843F	16.76	750	7538	9.86	750
4511	0.70	305	5462	6.31	750	6845F	19.81	750	7539	6.38	750
4557	1.87	480	5472	5.21	750	6854	5.43	750	7540	4.18	750
4558	1.91	487	5473	5.31	750	6872F	22.78	750	7580	2.10	515
4561	1.88	483	5474	7.39	750	6874F	40.56	750	7590	4.54	750
4568	2.70	605	5478	4.53	750	6882	6.04	750	7600	3.08	662
4581	1.71	456	5479	10.50	750	6884	13.27	750	7601	12.22	750
4583	4.70	750	5480	10.26	750	7016M	5.52	750	7605	3.42	712

Effective September 1, 2007

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7610	0.50	274	8380	3.98	750	9082	1.71	456			
7611	6.00	750	8381	1.45	417	9083	1.53	430			
7612	16.91	750	8385	2.77	616	9084	2.12	518			
7613	5.26	750	8392	3.56	734	9089	1.34	401			
7705	2.83	625	8393	1.85	478	9093	1.52	428			
7710	6.86	750	8500	5.21	750	9101	3.17	675			
7711	6.86	750	8601	0.72	307	9102	3.11	666			
7720X	2.83	625	8606	3.65	748	9110	1.21	382			
7855	6.10	750	8709F	8.56	750	9154	2.54	581			
8001	2.53	579	8719	1.83	474	9156	1.46	419			
8002	3.33	699	8720	1.23	384	9170	2.41	561			
8006	2.56	584	8721	0.41	261	9178	26.16	750			
8008	1.21	382	8726F	10.18	750	9179	45.41	750			
8010	2.22	533	8734M	0.69	303	9180	4.48	750			
8013	0.51	277	8737M	0.63	294	9182	2.79	618			
8015	0.72	307	8738M	1.11	366	9186	61.90	750			
8017	1.24	386	8742X	0.51	277	9220	3.91	750			
8018XZ	2.76	614	8745	4.82	750	9402	5.40	750			
8021	1.78	467	8748	0.42	264	9403	6.63	750			
8031	3.24	686	8755	0.29	244	9410	2.03	504			
8032	1.66	450	8799	1.01	351	9501	5.04	750			
8033	2.01	502	8800	1.01	351	9505	3.68	750			
8039	1.50	426	8803	0.09	213	9516	2.91	636			
8044	3.62	743	8805M	0.34	250	9519	2.53	579			
8045	0.47	270	8810	0.25	237	9521	5.40	750			
8046	2.95	642	8814M	0.31	246	9522	1.58	437			
8047	1.27	391	8815M	0.54	281	9534	7.72	750			
8058	2.99	649	8820	0.23	235	9554	8.86	750			
8072	0.67	301	8824	2.93	640	9586	0.76	314			
8102	2.74	612	8825	2.45	568	9600	1.66	450			
8103	4.86	750	8826	2.34	550	9620	1.26	388			
8105	4.76	750	8829	2.79	618						
8106	4.53	750	8831	3.10	664						
8107	4.16	750	8832	0.29	244						
8111	3.29	693	8833XZ	1.15	373						
8116	4.72	750	8835	2.22	533						
8203	6.37	750	8861	1.21	382						
8204	6.35	750	8868	0.47	270						
8209	3.15	673	8869	0.77	316						
8215	5.68	750	8871	0.26	239						
8227	4.44	750	8901	0.29	244						
8232	6.61	750	9012	1.92	487						
8233	4.92	750	9014	2.41	561						
8235	4.20	750	9015X	2.85	627						
8263	9.46	750	9016	5.18	750						
8264	4.19	750	9019	3.40	710						
8265	10.00	750	9033	1.85	478						
8279	10.75	750	9040Z	3.64	745						
8288	9.12	750	9052	1.83	474						
8291	2.53	579	9058	1.80	469						
8292	3.38	707	9059	3.08	662						
8293	8.48	750	9060	1.85	478						
8295X	6.29	750	9061	1.43	415						
8304	7.37	750	9063	1.14	371						
8350	5.91	750	9077F	4.19	750						

Effective January 1, 2008

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	4.98	750	2003	2.91	636	2702X	28.12	750	3224	2.76	614
<b>0008</b>	<b>3.36</b>	<b>705</b>	2014	5.48	750	2710	8.66	750	3227	1.84	476
0016	6.41	750	2016	2.51	577	2714	5.21	750	3240	3.46	719
0034	4.37	750	2021	3.47	721	2719X	11.36	750	3241	3.07	660
0035	2.54	581	2039	4.77	750	2731	3.81	750	3255	2.72	607
0036	4.22	750	2041	4.10	750	2735	3.10	664	3257	2.79	618
0037	4.57	750	2065	1.27	391	2759	7.72	750	3270	4.57	750
0042	7.40	750	2070	5.23	750	2790	1.46	419	3300	3.83	750
0050	5.64	750	2081	4.51	750	2802	6.73	750	3303	3.77	750
0059D	0.31	246	2089	2.82	623	2812	4.51	750	3307	3.69	750
0065D	0.06	209	2095	3.34	702	2835	1.72	458	3315	2.76	614
0066D	0.06	209	2105	2.58	588	2836	2.45	568	3334	2.63	594
0067D	0.06	209	2110	2.32	548	2841	4.28	750	3336	2.56	583
0079	3.29	693	2111	2.10	515	2881	2.37	555	3365	10.09	750
0083	8.63	750	2112	2.67	601	2883	4.48	750	3372	2.83	625
0106	14.63	750	2114	3.21	682	2913	3.23	684	3373	3.53	730
0113	4.89	750	2121	2.04	507	2915	4.00	750	3383	1.01	351
0170	2.72	607	2130	3.01	651	2916	2.56	583	3385	0.92	338
0251	5.50	750	2131	1.84	476	2923	2.12	518	3400	2.69	603
0400	8.77	750	2143	2.28	542	2942	2.51	577	3507	3.04	656
0401	12.80	750	2157	3.94	750	2960	3.14	671	3515	2.45	568
0771N	0.32	248	2172	2.23	535	3004	2.67	601	3548	1.30	395
0908P	129.94	750	2174	2.91	636	3018	3.21	682	3559	2.25	537
0913P	347.48	750	2211	5.46	750	3022	3.45	717	3574	1.24	386
0917	3.84	750	2220	2.07	511	3027	3.12	669	3581	1.26	388
1005Z	10.21	750	2286	1.53	430	3028	3.29	693	3612	2.31	546
1016Z	37.76	750	2288	4.79	750	3030	4.34	750	3620	6.34	750
1164E	7.48	750	2300		535	3040	4.31	750	3629	1.99	498
1165E	7.12	750	2302	1.96	493	3041	3.72	750	3632	3.21	682
1320	3.01	651	2305	2.58	588	3042	3.37	706	3634	1.99	498
1322	12.12	750	2361	1.40	410	3064	4.82	750	3635	1.85	478
1430	5.46	750	2362	1.88	483	3069	6.99	750	3638	1.65	447
1438	2.80	620	2380	6.42	750	3076	2.88	631	3642	0.96	345
1452	1.93	489	2386	1.26	388	3081D	2.64	596	3643	3.12	669
1463	12.00	750	2388	1.99	498	3082D	4.19	750	3647	3.36	704
1472	3.65	748	2402	2.39	559	3085D	3.10	664	3648	2.19	529
1624E	7.90	750	2413	1.91	487	3110	3.15	673	3681	1.46	419
1642	3.96	750	2416	1.99	498	3111	3.14	671	3685	1.91	487
1654	8.54	750	2417	1.84	476	3113	2.25	537	3719	3.53	730
1655	4.76	750	<b>2501</b>	<b>1.72</b>	<b>458</b>	3114	2.66	599	3724	6.96	750
1699	2.20	531	2503	1.40	410	3118	1.49	423	3726	3.72	750
1701	3.66	750	2534	2.48	572	3119	1.12	369	3803	1.93	489
1710E	6.85	750	2570	5.04	750	3122	1.20	380	3807	1.66	450
1741E	1.83	474	2585	2.77	616	3126	2.04	507	3808	2.85	627
1745X	3.01	651	2586	1.05	358	3131	0.93	340	3821	4.38	750
1747	2.51	577	2587	2.25	537	3132	2.13	520	3822	2.86	629
1748	5.88	750	2589	1.66	450	3145	1.99	498	3824	5.02	750
1803D	5.64	750	2600	5.04	750	3146	2.67	601	3826	1.08	362
1852D	2.31	546	2623	2.61	592	3169	2.74	612	3827	1.24	386
1853	2.74	612	2651	2.32	548	3175D	3.02	653	3830	1.20	380
1860	1.58	437	2660	1.64	445	3179	2.47	570	3851	2.98	647
1924	3.34	702	2670	2.44	566	3180	2.20	531	3865	1.34	401
1925	2.76	614	2683	2.10	515	3188	1.47	421	3881	3.96	750
2001	2.50	574	2688	3.01	651	3220	2.09	513	4000	7.71	750
2002	3.46	719	2701	8.19	750	3223	3.37	706	4021	4.67	750

Effective January 1, 2008											Rates
CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4024E	1.77	465	4635	4.00	750	5506	4.66	750	7038M	6.85	750
4034	7.17	750	4653	1.40	410	5507	6.09	750	7046M	30.16	750
4036	2.74	612	4665	7.11	750	5508D	7.74	750	7047M	10.16	750
4038	2.20	531	4670	4.57	750	5535	6.99	750	7050M	12.06	750
4053	3.36	704	4683	4.85	750	5537	5.84	750	7090M	7.61	750
4061	4.50	750	4686	1.20	380	5551	15.24	750	7098M	33.52	750
4062	3.26	688	4692	0.38	257	5606	2.06	509	7099M	53.13	750
4101	2.06	509	4693	0.91	336	5610	7.23	750	7133	3.66	750
4111	2.42	564	4703	2.41	561	5645	12.07	750	7151M	4.45	750
4112	0.99	349	4717	2.53	579	5651	9.78	750	7152M	7.84	750
4113	1.75	463	4720	4.13	750	5703	105.21	750	7153M	4.95	750
4114	2.51	577	4740	1.56	434	5705	5.30	750	7222	10.45	750
4130	5.84	750	4741	1.87	480	5951	0.39	259	7228X	8.19	750
4131	2.82	623	4751	1.99	498	6003	10.88	750	7229X	8.15	750
4133	2.69	603	4771N	1.85	478	6005	7.17	750	7230	3.99	750
4150	1.36	404	4777	1.84	476	6017	4.53	750	7231	8.80	750
4206	4.15	750	4825	0.79	318	6018	2.31	546	7232	14.98	750
4207	1.20	380	4828	1.49	423	6045	3.10	664	7309F	28.32	750
4239	1.39	408	4829	1.62	443	6204	10.10	750	7313F	6.53	750
4240	3.05	658	4902	1.78	467	6206	7.78	750	7317F	10.45	750
4243	1.49	423	4923	1.18	377	6213	12.05	750	7327F	22.79	750
4244	2.45	568	5020	6.00	750	6214	2.91	636	7333M	7.77	750
4250	1.55	432	5022	6.56	750	6216	5.49	750	7335M	8.63	750
4251	1.72	458	5037	18.29	750	6217	5.12	750	7337M	13.68	750
4263	2.48	572	5040	21.37	750	6229	4.29	750	7350F	24.75	750
4273	1.69	454	5057	16.83	750	6233	7.88	750	7360	6.18	750
4279	1.84	476	5059	24.16	750	6235	11.93	750	7370	5.34	750
4282	2.26	539	5069	23.23	750	6236	13.62	750	<b>7380X</b>	<b>4.78</b>	<b>750</b>
4283	2.44	566	5102	4.47	750	6237	3.74	750	7382	2.93	640
4299	1.56	434	5146	5.29	750	6251D	8.12	750	7390	3.71	750
4304	2.89	634	5160	4.70	750	6252D	7.36	750	7394M	15.58	750
4307	2.80	620	5183	3.40	710	6260D	5.58	750	7395M	17.30	750
4351	1.14	371	5188	5.66	750	6306	5.77	750	7398M	27.42	750
4352	1.07	360	5190	3.31	697	6319	5.77	750	7403X	2.98	647
4360	0.83	325	5191X	1.85	478	6325	5.36	750	7405N	1.58	437
4361	1.40	410	5192	4.18	750	6400	7.20	750	7420XZ	22.73	750
4362	1.12	369	5213	8.03	750	6504	2.51	577	7421	2.37	555
4410	3.05	658	5215	4.20	750	6702MZ	7.67	750	7422	2.61	592
4420	3.62	743	5221	4.28	750	6703MZ	13.49	750	7423X	2.98	647
4431	1.53	430	5222	10.53	750	6704MZ	8.51	750	7425	3.68	750
4432	1.65	447	5223	5.75	750	6801F	14.72	750	7431N	2.04	507
4439	1.94	491	5348	4.02	750	6811	5.88	750	7445N	0.85	327
4452	3.56	734	5402	5.27	750	6824F	25.43	750	7453N	1.10	364
4459	2.19	529	5403	10.73	750	6826F	12.31	750	7502	3.10	664
4470	2.37	555	5437	4.92	750	6834	4.39	750	7515	1.14	371
4484	2.44	566	5443	3.91	750	6836	9.64	750	7520	3.17	675
4493	2.93	640	5445	4.98	750	6843F	16.91	750	7538	10.13	750
4511	0.72	307	5462	6.48	750	6845F	19.90	750	7539	6.44	750
4557	1.90	485	5472	5.36	750	6854	5.55	750	7540	4.28	750
4558	1.96	493	5473	5.46	750	6872F	22.98	750	7580	2.16	524
4561	1.99	498	5474	7.59	750	6874F	40.82	750	7590	4.60	750
4568	2.79	618	5478	4.66	750	6882	6.35	750	7600	3.12	669
4581	1.75	463	5479	10.88	750	6884	13.94	750	7601	12.53	750
4583	4.77	750	5480	10.63	750	7016M	5.77	750	7605	3.50	726
4611	0.98	347	5491	2.28	542	7024M	6.41	750	7610	0.50	274

Effective January 1, 2008

Rates

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
7611	6.21	750	8381	1.47	421	9082	1.74	461			
7612	17.27	750	8385	2.83	625	9083	1.55	432			
<b>7613</b>	<b>5.47</b>	<b>750</b>	8392	3.65	748	9084	2.15	522			
7705	2.89	634	<b>8393</b>	<b>1.90</b>	<b>485</b>	9089	1.39	408			
7710	6.98	750	8500	5.33	750	9093	1.55	432			
7711	6.98	750	8601	0.73	310	9101	3.23	684			
7720X	2.89	634	8606	3.78	750	9102	3.17	675			
7855	6.31	750	8709F	8.61	750	9154	2.58	588			
8001	2.57	585	8719	1.88	483	9156	1.47	421			
8002	3.37	706	8720	1.26	388	9170	2.47	570			
<b>8006</b>	<b>2.61</b>	<b>591</b>	8721	0.42	264	9178	26.38	750			
8008	1.23	384	8726F	10.23	750	9179	46.05	750			
8010	2.26	539	8734M	0.73	310	9180	4.57	750			
8013	0.53	279	8737M	0.66	299	9182	2.82	623			
8015	0.73	310	8738M	1.15	373	<b>9186</b>	<b>63.29</b>	<b>750</b>			
8017	1.26	388	8742X	0.54	281	9220	3.99	750			
8018XZ	2.82	623	8745	4.92	750	9402	5.55	750			
8021	1.81	472	8748	0.44	266	9403	6.82	750			
8031	3.29	693	8755	0.31	246	9410	2.07	511			
8032	1.69	454	8799	1.02	353	9501	5.10	750			
8033	2.06	509	8800	1.02	353	9505	3.74	750			
8039	1.53	430	8803	0.09	213	9516	2.98	647			
<b>8044</b>	<b>3.72</b>	<b>750</b>	8805M	0.35	253	9519	2.60	590			
8045	0.48	272	8810	0.26	239	9521	5.58	750			
8046	2.99	649	8814M	0.32	248	9522	1.62	443			
8047	1.28	393	8815M	0.57	285	9534	7.90	750			
8058	3.02	653	8820	0.23	235	9554	9.13	750			
8072	0.69	303	8824	2.99	649	9586	0.77	316			
8102	2.79	618	8825	2.48	572	9600	1.71	456			
8103	4.92	750	8826	2.38	557	9620	1.28	393			
8105	4.98	750	8829	2.83	625						
8106	4.64	750	8831	3.14	671						
8107	4.28	750	8832	0.29	244						
8111	3.33	699	8833XZ	1.18	377						
8116	4.82	750	8835	2.28	542						
8203	6.51	750	8842	1.24	386						
8204	6.57	750	8864	1.24	386						
8209	3.23	684	<b>8868</b>	<b>0.47</b>	<b>270</b>						
8215	5.78	750	8869	0.79	318						
8227	4.58	750	8871	0.26	239						
8232	6.79	750	8901	0.31	246						
8233	5.12	750	<b>9012</b>	<b>1.95</b>	<b>492</b>						
8235	4.29	750	9014	2.47	570						
8263	9.64	750	9015X	2.92	638						
8264	4.28	750	9016	5.23	750						
8265	10.15	750	9019	3.52	728						
8279	10.96	750	9033	1.91	487						
<b>8288</b>	<b>9.25</b>	<b>750</b>	9040Z	3.69	750						
8291	2.58	588	9052	1.85	478						
<b>8292</b>	<b>3.46</b>	<b>719</b>	9058	1.81	472						
8293	8.67	750	9059	3.11	666						
8295X	6.29	750	9060	1.90	485						
8304	7.50	750	9061	1.45	417						
<b>8350</b>	<b>6.05</b>	<b>750</b>	9063	1.15	373						
<b>8380</b>	<b>4.09</b>	<b>750</b>	9077F	4.19	750						

# FOOTNOTES

D Advisory loss costs for classification already includes the specific disease loading shown in the table below.  
See Basic Rule 3-A-7.

E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	<del>0.20</del> 0.21	S	1710E	0.04	S	3175D	0.02	S
0065D	0.04	S	1741E	0.17	S	4024E	0.01	S
0066D	0.04	S	1803D	0.17	S	5508D	0.02	S
0067D	0.04	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.06	S	3081D	0.03	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.02	S
1624E	0.03	S	3085D	0.04	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employer's Liability Act. (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

## Class Codes with Specific Footnotes

1005 Rate includes a non-ratable disease element of ~~\$2.56~~ 2.85. (For coverage written separately for federal benefits only, ~~\$2.49~~ 2.15. For coverage written separately for state benefits only, ~~\$0.37~~ 0.70).

1016 Rate includes a non-ratable disease element of ~~\$10.22~~ 11.40. (For coverage written separately for federal benefits only, ~~\$8.73~~ 8.59. For coverage written separately for state benefits only, ~~\$1.49~~ 2.81). It also includes a catastrophe load of \$0.10). Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.

6702 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and ELR each X 1.215.

6703 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection ~~A4~~ class loss cost X 2.184 and ELR 1.982.

6704 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rates and ELR each X 1.35

7409 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation).

7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. ~~Jan 1, 2005 (\$300 payroll limitation).~~

8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

8833 The ex-medical loss cost for this classification is ~~\$0.41~~ 4.24. A charge of \$0.10 is to be added to this class ~~rate~~ loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

9040 The ex-medical loss cost for this classification is ~~\$1.20~~ 4.24. A charge of \$0.10 is to be added to this class ~~rate~~ loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Effective September 1, 2007

**ADVISORY MISCELLANEOUS VALUES**

**Deductible Credit Amount:** The following credit amounts are applicable based on Deductible amount and hazard group on a per claim basis: The formula at the bottom of this page was used to obtain the credit amounts.

Note: These are Final Deductible Credit Factors

Deductible Amount	Total Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	10.4%	8.4%	7.2%	6.1%	5.1%	3.6%	2.7%
1,500	12.6%	10.3%	8.9%	7.5%	6.4%	4.5%	3.5%
2,000	14.4%	11.8%	10.3%	8.8%	7.5%	5.4%	4.1%
2,500	15.9%	13.2%	11.5%	9.8%	8.4%	6.1%	4.7%
3,000	17.3%	14.3%	12.6%	10.8%	9.3%	6.8%	5.3%
3,500	18.5%	15.4%	13.5%	11.7%	10.1%	7.5%	5.8%
4,000	19.7%	16.4%	14.5%	12.6%	10.8%	8.1%	6.3%
4,500	20.7%	17.4%	15.3%	13.4%	11.5%	8.7%	6.7%
5,000	21.8%	18.3%	16.2%	14.1%	12.2%	9.3%	7.2%

Deductible Amount	Medical Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	10.0%	8.2%	7.0%	5.9%	4.9%	3.4%	2.6%
1,500	12.0%	9.8%	8.5%	7.1%	6.0%	4.2%	3.2%
2,000	13.5%	11.1%	9.6%	8.2%	6.9%	4.9%	3.8%
2,500	14.8%	12.2%	10.6%	9.0%	7.7%	5.5%	4.3%
3,000	15.9%	13.2%	11.5%	9.8%	8.4%	6.1%	4.7%
3,500	16.9%	14.0%	12.2%	10.5%	9.0%	6.6%	5.1%
4,000	17.7%	14.8%	13.0%	11.2%	9.6%	7.0%	5.4%
4,500	18.5%	15.5%	13.6%	11.8%	10.1%	7.5%	5.8%
5,000	19.3%	16.2%	14.2%	12.3%	10.6%	7.9%	6.1%

Deductible Amount	Indemnity Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	2.2%	1.8%	1.7%	1.5%	1.4%	1.2%	0.9%
1,500	3.1%	2.5%	2.3%	2.2%	1.9%	1.6%	1.2%
2,000	3.8%	3.2%	2.9%	2.7%	2.4%	2.0%	1.6%
2,500	4.5%	3.8%	3.5%	3.2%	2.9%	2.4%	1.9%
3,000	5.1%	4.3%	4.0%	3.7%	3.3%	2.8%	2.2%
3,500	5.7%	4.8%	4.4%	4.1%	3.7%	3.1%	2.4%
4,000	6.2%	5.3%	4.9%	4.5%	4.0%	3.4%	2.7%
4,500	6.7%	5.7%	5.3%	4.9%	4.4%	3.7%	2.9%
5,000	7.1%	6.1%	5.7%	5.3%	4.7%	4.0%	3.1%

Small Premium Deductibles

$$D = \frac{K \cdot F \cdot E}{(1 - V)}$$

D = Deductible Credit

F = (Safety Factor) = 0.9

K = Loss Elimination Ratio as published by NCCI

E = Expected Loss Ratio and ALAE = .66

V = Variable Expenses = 0.23

*Underlying  
NCCI  
Advisory  
LER's...  
No Change*



**ADVISORY MISCELLANEOUS VALUES (Continued)**

Basis of premium applicable in accordance with the footnote instructions for Code:  
7370 - "Taxicab Co."

*check vs NCCI  
01/01/08 Values*

Employee operated vehicle ..... \$46,220.00 ✓  
Leased or rented vehicle ..... \$30,813.00 ✓

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee ..... \$600.00 ✓

**Expense Constant** applicable in accordance with basic manual rule VI-E.2... \$200.00

**Maximum Payroll** applicable in accordance with **Basic Manual** Rule 2-E-1

Executive Officers, and the footnote instructions for:

*Sports on Park*  
Code 9178 - Athletic Team: Non-Contact Sports; Code 9179 - Athletic  
Team: Contact Sports; and Code 9186 - Carnival: Traveling ..... \$2,400.00 ✓

**Minimum Payroll** applicable in accordance with Basic Manual Rule 2-E-1:

Executive Officers ..... \$300.00 ✓

**Per Passenger Seat Surcharge** -- In accordance with the footnote instructions for  
Classification Code 7421, the surcharge is:

per passenger seat ..... \$100.00 ✓

maximum surcharge per aircraft ..... \$1,000.00 ✓

**Premium Determination for Partners, Sole Proprietors and Members of**

**Limited Liability Companies** in accordance with Basic Manual Rule 2-E-3 ..... \$30,800.00 ✓

**Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (Final Rate)** 0.01 *OK*

**Terrorism Risk Insurance Act -- Certified Losses (Final Rate)** 0.03 *OK*

Premium Discount Percentages - (See Rule VII-D). The following premium  
discounts are applicable to Standard Premiums:

<u>Premium Amount</u>	<u>Discount</u>
0 to 5,000	0.0%
5,001 to 100,000	7.0%
100,001 to 500,000	8.5%
500,000 +	10.0%

**United States Longshore and Harbor Workers' Compensation Coverage Percentage**

applicable only in connection with **Basic Manual** Rule 3-A-4 ..... ~~95%~~ *90%*

(Multiply a Non-"F" classification by *1.90* to adjust for the differences in benefits and  
loss-based expenses. This factor is the product of the adjustment for differences in  
benefits (1.74) and for differences in loss-based expenses (1.139).)

*1.67*

STAR INSURANCE COMPANY  
WORKERS COMPENSATION EXPERIENCE RATING PLAN

ARKANSAS  
Page 7

Effective September 1, 2007

**EXPERIENCE RATING ELIGIBILITY**

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

**SCHEDULE RATING PLAN**

The Schedule Rating Plan published by the National Council on Compensation Insurance applies in Arkansas. The maximum Modification shall be 25%. Any risk shall be eligible. The range of modifications (Credit to Debit), and characteristics are as follows

Premises	Medical Facilities	Safety Devices	Employees - Selection Training, Supervision	Management - Cooperation with Insurance Carrier	Management - Safety Organization
10% - 10%	5% - 5%	5% - 5%	10% - 10%	10% - 10%	5% - 5%

## FOOTNOTES

D Advisory loss costs for classification already includes the specific disease loading shown in the table below.  
See Basic Rule 3-A-7.

E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.21	S	1710E	0.04	S	3175D	0.02	S
0065D	0.04	S	1741E	0.17	S	4024E	0.01	S
0066D	0.04	S	1803D	0.17	S	5508D	0.02	S
0067D	0.04	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.06	S	3081D	0.03	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.02	S
1624E	0.03	S	3085D	0.04	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employer's Liability Act. (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

### Class Codes with Specific Footnotes

1005 Rate includes a non-ratable disease element of \$2.85. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$0.70).

1016 Rate includes a non-ratable disease element of \$11.40. (For coverage written separately for federal benefits only, \$8.59. For coverage written separately for state benefits only, \$2.81. It also includes a catastrophe load of \$0.10). Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.

6702 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and ELR each X 1.215.

6703 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost X 2.14 and ELR 1.982.

6704 Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rates and ELR each X 1.35

7409 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).

7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).

8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

8833 The ex-medical loss cost for this classification is \$0.43. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

9040 The ex-medical loss cost for this classification is \$1.24. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Effective January 1, 2008

**ADVISORY MISCELLANEOUS VALUES**

**Deductible Credit Amount:** The following credit amounts are applicable based on Deductible amount and hazard group on a per claim basis: The formula at the bottom of this page was used to obtain the credit amounts.

Note: These are Final Deductible Credit Factors

Deductible Amount	Total Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	10.4%	8.4%	7.2%	6.1%	5.1%	3.6%	2.7%
1,500	12.6%	10.3%	8.9%	7.5%	6.4%	4.5%	3.5%
2,000	14.4%	11.8%	10.3%	8.8%	7.5%	5.4%	4.1%
2,500	15.9%	13.2%	11.5%	9.8%	8.4%	6.1%	4.7%
3,000	17.3%	14.3%	12.6%	10.8%	9.3%	6.8%	5.3%
3,500	18.5%	15.4%	13.5%	11.7%	10.1%	7.5%	5.8%
4,000	19.7%	16.4%	14.5%	12.6%	10.8%	8.1%	6.3%
4,500	20.7%	17.4%	15.3%	13.4%	11.5%	8.7%	6.7%
5,000	21.8%	18.3%	16.2%	14.1%	12.2%	9.3%	7.2%

Deductible Amount	Medical Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	10.0%	8.2%	7.0%	5.9%	4.9%	3.4%	2.6%
1,500	12.0%	9.8%	8.5%	7.1%	6.0%	4.2%	3.2%
2,000	13.5%	11.1%	9.6%	8.2%	6.9%	4.9%	3.8%
2,500	14.8%	12.2%	10.6%	9.0%	7.7%	5.5%	4.3%
3,000	15.9%	13.2%	11.5%	9.8%	8.4%	6.1%	4.7%
3,500	16.9%	14.0%	12.2%	10.5%	9.0%	6.6%	5.1%
4,000	17.7%	14.8%	13.0%	11.2%	9.6%	7.0%	5.4%
4,500	18.5%	15.5%	13.6%	11.8%	10.1%	7.5%	5.8%
5,000	19.3%	16.2%	14.2%	12.3%	10.6%	7.9%	6.1%

Deductible Amount	Indemnity Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	2.2%	1.8%	1.7%	1.5%	1.4%	1.2%	0.9%
1,500	3.1%	2.5%	2.3%	2.2%	1.9%	1.6%	1.2%
2,000	3.8%	3.2%	2.9%	2.7%	2.4%	2.0%	1.6%
2,500	4.5%	3.8%	3.5%	3.2%	2.9%	2.4%	1.9%
3,000	5.1%	4.3%	4.0%	3.7%	3.3%	2.8%	2.2%
3,500	5.7%	4.8%	4.4%	4.1%	3.7%	3.1%	2.4%
4,000	6.2%	5.3%	4.9%	4.5%	4.0%	3.4%	2.7%
4,500	6.7%	5.7%	5.3%	4.9%	4.4%	3.7%	2.9%
5,000	7.1%	6.1%	5.7%	5.3%	4.7%	4.0%	3.1%

Small Premium Deductibles

$$D = \frac{K \cdot F \cdot E}{(1 - V)}$$

D = Deductible Credit  
 F = (Safety Factor) = 0.9  
 K = Loss Elimination Ratio as published by NCCI  
 E = Expected Loss Ratio and ALAE = .66  
 V = Variable Expenses = 0.23

**ADVISORY MISCELLANEOUS VALUES (Continued)**

Basis of premium applicable in accordance with the footnote instructions for Code:  
7370 - "Taxicab Co."

Employee operated vehicle .....	\$46,220.00
Leased or rented vehicle .....	\$30,813.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee .....	\$600.00
---	----------

**Expense Constant** applicable in accordance with basic manual rule VI-E.2... \$200.00

**Maximum Payroll** applicable in accordance with **Basic Manual** Rule 2-E-1

Executive Officers, and the footnote instructions for:

Code 9178 - Athletic Sports or Park: Non-Contact Sports; Code 9179 - Athletic Sports or Park: Contact Sports; and Code 9186 - Carnival: Traveling .....	\$2,400.00
---	------------

**Minimum Payroll** applicable in accordance with Basic Manual Rule 2-E-1:

Executive Officers .....	\$300.00
--------------------------	----------

**Per Passenger Seat Surcharge** -- In accordance with the footnote instructions for Classification Code 7421, the surcharge is:

per passenger seat .....	\$100.00
maximum surcharge per aircraft .....	\$1,000.00

**Premium Determination for Partners, Sole Proprietors and Members of**

**Limited Liability Companies** in accordance with Basic Manual Rule 2-E-3 ..... \$30,800.00

**Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (Final Rate)** 0.01

**Terrorism Risk Insurance Act** -- Certified Losses (Final Rate) ..... 0.03

Premium Discount Percentages - (See Rule VII-D). The following premium discounts are applicable to Standard Premiums:

<u>Premium Amount</u>	<u>Discount</u>
0 to 5,000	0.0%
5,001 to 100,000	7.0%
100,001 to 500,000	8.5%
500,000 +	10.0%

**United States Longshore and Harbor Workers' Compensation Coverage Percentage**

applicable only in connection with **Basic Manual** Rule 3-A-4 ..... 90%

(Multiply a Non-"F" classification by 1.90 to adjust for the differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for differences in loss-based expenses (1.139).)

STAR INSURANCE COMPANY  
WORKERS COMPENSATION EXPERIENCE RATING PLAN

ARKANSAS  
Page 7

Effective January 1, 2008

**EXPERIENCE RATING ELIGIBILITY**

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

**SCHEDULE RATING PLAN**

The Schedule Rating Plan published by the National Council on Compensation Insurance applies in Arkansas. The maximum Modification shall be 25%. Any risk shall be eligible. The range of modifications (Credit to Debit), and characteristics are as follows

Premises	Medical Facilities	Safety Devices	Employees - Selection Training, Supervision	Management - Cooperation with Insurance Carrier	Management - Safety Organization
10% - 10%	5% - 5%	5% - 5%	10% - 10%	10% - 10%	5% - 5%

SERFF Tracking Number: MEAD-125328843 State: Arkansas  
Filing Company: Star Insurance Company State Tracking Number: AR-PC-07-026579  
Company Tracking Number: STAR-AR-WC-10/07  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Star-AR-WC-10/07  
Project Name/Number: Star-AR-WC-10/07/Star-AR-WC-10/07

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/29/2007

**Comments:**

**Attachment:**

Star-AR-WC-1007 Transmittal.pdf

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 10/29/2007

**Comments:**

No LCM's are being changed with this filing.

**Attachments:**

Star-AR-WC-1007 Reference Filing Adoption Form.pdf

Star-AR-WC-1007 Rate Impact by Class.pdf

Star-AR-WC-1007 Currently Filed LCM's.pdf

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 10/29/2007  
**Bypass Reason:** NA  
**Comments:**

## Property &amp; Casualty Transmittal Document

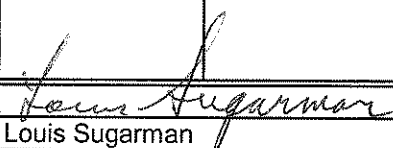
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
Meadowbrook Insurance Group	0748

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Star Insurance Company	Michigan	18023	38-2626205	MI = 21
26255 American Drive				
Southfield, MI 48034-2438				

<b>5. Company Tracking Number</b>	Star-AR-Generic-WC-10/07-R&R
-----------------------------------	------------------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Louis Sugarman, Meadowbrook Insurance, 26255 American Drive, Southfield, MI 48034	Senior Compliance Analyst	248-204-8228 800-482-2726	248-358-1614	lsugarman@meadowbrook.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Louis Sugarman		

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable)[See State Specific	
12. Company Program Title (Marketing title)	Generic
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/08    Renewal: 01/01/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	AR-2007-10
18. Company's Date of Filing	10/19/07
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



## Property &amp; Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	Star-AR-Generic-WC-10/07-R&R
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<b>21. Filing Description</b>	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Star Insurance Company (Star) is authorized to write Workers Compensation insurance in your state, and Star is a member of the National Council on Compensation Insurance (NCCI). We hereby file to adopt NCCI's AR-2007-10 01/01/08 Arkansas Workers Compensation loss costs, this adoption to be effective 01/01/08. These loss costs will be used in combination with our already filed workers compensation Loss Cost Multiplier's (LCM's) to establish rates as shown on the enclosed rate pages. Besides adopting these loss costs, we make several edits to footnotes and miscellaneous values pages to conform to the NCCI advisory values.

We emphasize that we are not changing (a) any of our LCM's, (b) our minimum premium formula, or (c) our premium discount schedule with this filing. Enclosed please find transmittal documents in support of this filing. Our filing fee is being sent by U.S. mail under separate cover.

<b>22. Filing Fees</b>	(Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]	

**Check #:**  
**Amount:** 50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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Date: 10/19/07

**WORKERS COMPENSATION  
INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION  
PROSPECTIVE LOSS COSTS  
REFERENCE FILING ADOPTION FORM**

1. INSURER NAME Star Insurance Company

ADDRESS 26255 American Drive

Southfield, MI 48034-2438

PERSON RESPONSIBLE FOR FILING Louis Sugarman

TITLE Senior Compliance Analyst TELEPHONE # 248-204-8228 800-482-2726

2. INSURER NAIC # 18023

3. LINE OF INSURANCE 16.0 Workers Compensation, 16.0004 Standard WC

4. ADVISORY ORGANIZATION NCCI

5. ADVISORY ORGANIZATION REFERENCE FILING # AR-2007-10

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

7A. PROPOSED RATE LEVEL CHANGE	2.4%	EFFECTIVE DATE	01/01/08
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7B. PROPOSED PREMIUM LEVEL CHANGE	2.4%	EFFECTIVE DATE	01/01/08
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8A. PRIOR RATE LEVEL CHANGE	-6.1%	EFFECTIVE DATE	09/01/07
-----------------------------	-------	----------------	----------

8B. PRIOR PREMIUM LEVEL CHANGE	-6.1%	EFFECTIVE DATE	09/01/07
--------------------------------	-------	----------------	----------

**Arkansas Workers Compensation  
Rate Impact by Company  
Inforce Premium as of 8/31/2007**

State Name	Arkansas
Current EffDate	7/1/2007
Proposed EffDate	1/1/2008
Evaluation Date	8/31/2007

	Data	
COMPANY	Inforce Manual Written Premium	Lost Cost / Rate Impact
Star	152,856	2.4%
Grand Total	152,856	2.4%

**Arkansas Workers Compensation  
Rate Impact by Program  
Inforce Premium as of 8/31/2007**

State Name	Arkansas
Current EffDate	7/1/2007
Proposed EffDate	1/1/2008
Evaluation Date	8/31/2007

	Data	
PROG	InForce Manual Written Premium	Lost Cost / Rate Impact
Mig Kc-Assoc Wc	100,751	2.2%
Agent's Edge-Multistate	24,040	3.0%
Milk Haulers	14,175	4.1%
Health & Fitness (Post Transglobal)	8,646	1.3%
Fitness Centers	5,244	1.3%
Grand Total	152,856	2.4%

**Arkansas Workers Compensation  
Rate Impact by Class  
Inforce Premium as of 8/31/2007**

State Name	Arkansas
Current EffDate	7/1/2007
Proposed EffDate	1/1/2008
COMPANY	(All)
PROG	(All)
Evaluation Date	8/31/2007

Class	Description	Data			
		Inforce Written Manual Premium	Current Loss Cost	Proposed Loss Cost	Loss Cost / Rate Impact
2589	LAUNDRY AND DRY CLEANING STORE RETAIL & ROUTE SUP	26,813	1.12	1.14	1.8%
8380	GASOLINE STATION - NOC - RETAIL AND DRIVERS	22,421	2.47	2.54	2.8%
9186	CARNIVAL, CIRCUS OR AMUSEMENT DEVICE OPERATOR-TR	21,124	38.45	39.31	2.2%
7380	CHAUFFEURS, DRIVERS & THEIR HELPERS NOC-COMMERCIA	19,537	2.88	2.97	3.1%
7229	AUTOMOBILE HAULAWAY OR DRIVEAWAY-LONG DISTANCE	14,175	5.36	5.58	4.1%
9063	YMCA, YWCA, YMHA OR YWHA INSTITUTION-ALL EMPLOYEE	13,890	0.78	0.79	1.3%
8017	STORE FIVE AND TEN CENT	5,454	0.85	0.86	1.2%
8393	AUTOMOBILE BODY REPAIR	4,748	1.15	1.18	2.6%
2041	CANDY, CHOCOLATE, AND CONFECTION MFG.	4,604	2.78	2.81	1.1%
8046	STORE:AUTOMOBILE PARTS & ACCESSORIES NOC & DRIVER	3,428	2.02	2.05	1.5%
9083	RESTAURANT: FAST FOOD	2,504	1.05	1.06	1.0%
8742	CHECK CASHING COMPANIES-SPECIAL OFFICERS AND ARME	1,944	0.35	0.37	5.7%
8013	STORE: JEWELRY	1,898	0.35	0.36	2.9%
4410	RUBBER GOODS MFG NOC	1,821	2.04	2.09	2.5%
0008	FARM: GARDENING-MARKET OR TRUCK-& DRIVERS	1,721	2.03	2.09	3.0%
8045	STORE:DRUG RETAIL	1,636	0.32	0.33	3.1%
9082	RESTAURANT NOC	1,390	1.17	1.19	1.7%
8044	STORE: FURNITURE & DRIVERS	966	2.25	2.31	2.7%
9093	BOWLING LANE	731	1.04	1.06	1.9%
8810	CLERICAL OFFICE EMPLOYEES NOC	704	0.17	0.18	5.9%
3383	JEWELRY MFG	494	0.68	0.69	1.5%
8072	STORE: BOOK, RECORD, COMPACT DISC, SOFTWARE, VIDEO	355	0.46	0.47	2.2%
9016	AMUSEMENT-PARK OR EXHIBITION OPERATION & DRIVERS	302	3.55	3.58	0.8%
4692	DENTAL LABORATORY	196	0.26	0.26	0.0%
Grand Total		152,856	2.72	2.78	2.4%

**Currently Filed Loss Cost Multipliers (LCM's)**

Star Insurance Company-Arkansas-Workers Compensation

<u>Class</u>	<u>LCM</u>
0008	1.610
2501	1.610
7380	1.610
7613	1.610
8006	1.610
8044	1.610
8288	1.900
8292	1.610
8350	1.610
8380	1.610
8393	1.610
8868	1.610
9012	1.610
9186	1.610
All other classes	1.460